

OSCAR REPORT 3
HISTORY FACILITY PROFILE

BRIGHTON GARDENS OF SALT LAKE PROVIDER #: 465149 FACILITY BEDS TYPE ACTION: RECERTIFICATION
76 SOUTH 500 EAST PHONE NUMBER: (801) 359-0050 TOTAL: 45
SALT LAKE CITY UT 84102 PARTICIPATION DATE: 06/27/2000 CERTIFIED: 23 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 06/11/2003	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 23			
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TOTAL: 21	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 13	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID: 0		23			
OTHER: 8					

CURRENT SURVEY REVISIT DATES - 08/06/2003

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
06/2000		09/2001		07/2002		06/11/2003			
				X	D	X C	E	08/01/2003	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES

EDITION OF LSC APPLIED					PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
85 NEW PRIOR 3 SURVEY	85 NEW PRIOR 2 SURVEY	85 NEW PRIOR 1 SURVEY	85 NEW CURRENT SURVEY	06/18/2003		
06/2000	09/2001	07/2002	06/18/2003			
	X		X P	07/03/2003		K0018-CORRIDOR DOORS
	X	X				K0025-SMOKE PARTITION CONSTRUCTION
			X P	07/03/2003		K0029-HAZARDOUS AREAS - SEPARATION
	X					K0064-PORTABLE FIRE EXTINGUISHERS
	X					K0072-FURNISHING AND DECORATIONS
		X				K0076-MEDICAL GAS SYSTEM
X	X					K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	1	1	0	0
HEALTH TOTAL	1	1	0	0
LIFE SAFETY CODE	2	2	5	1
LIFE SAFETY CODE + HEALTH	3	3	5	1

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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02/06/2001	SUBSTANTIATED
03/13/2001	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY